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PREPARATORY MEDICAL EDUCATION.

By SAMUEL KNEELAND, M.D.

THE medical profession, no less than others interested in the more general branches of what is commonly considered a liberal education, have doubtless read with pleasure and profit two articles in the *Atlantic Monthly* for February and March, 1869, developing the initiatory steps and the desirable consummation of what is there very properly styled the "New Education." Prominent among the institutions established to secure this rational and practically useful education is the "Massachusetts Institute of Technology," whose full and instructive fourth annual catalogue, embracing the names of more than 170 students, has been recently brought to the notice of the medical profession of the State.

Having carefully examined this catalogue, we felt, probably with many other physicians, that, had this school been established a quarter of a century ago, we should have been spared a tedious and comparatively useless toil of six or eight years up the hill of *classical* science, to find nothing on the top but a few dried roots and sapless branches of the same tree of knowledge, whose flowers and fruits we might have gathered by more accessible paths far below, had we turned aside from the old beaten road. Believing that many of the best years of the medical student's life are wasted in the ordinary course pursued in the preparatory schools and colleges, let us see if the "New Education" does not afford the much desired escape from the classical Juggernaut before whose wheels generation after generation of physicians have blindly prostrated themselves.

Something more than the examination of the tongue, the feeling of the pulse, a superficial knowledge of drugs, the treatment of mere symptoms, and the ability to prescribe in the hieroglyphics of a dead language, are now demanded of the educated physician. He must be able to trace the symptoms to the hidden cause, from a knowledge of chemistry and physiology, without which no rational system of hygiene and therapeutics is possible.

The old method of education trained the mental faculties without special reference to the end in view, and under it we studied in an aimless manner, involuntarily throwing away the wheat and storing up the chaff. The new or technical education, dealing only with living realities, and throwing aside mental training merely as such, develops the powers of the individual in the path he is to pursue in life, teaching him at the same time precision of thought, habits of observation, and method and purpose in his studies. We must recognize that the practical training of the technical school is far better for the physician than the literary culture of the college; we have not time in our fourscore years to throw away a tenth part on the dead languages, which we know will never be of any use to us compared with the exact sciences which we now have the means of pursuing.

Bearing in mind, then, that medicine is a science, or rather a combination of sciences, to be pursued with the method and the spirit of philosophic reasoning, we may now ask ourselves, what do the technical schools offer to the medical student, as preparation for his profession, better than the time-honored colleges? As before intimated, chemistry, organic and inorganic, lies at the foundation of the science of medicine; in this direction does modern physiology point, to its recent discoveries must we ascribe most of the great improvements of the day, and from its future researches must we expect the elevation of therapeutics to a place among the exact sciences. The few lectures of the college course, without opportunity for experiment, are practically valueless to the student, who comes to the medical school without any knowledge of the principles of chemistry, and therefore unable fully to avail himself of the chemical course, even were it from the lips of a Davy or a Faraday; and this failure of the student to attain any useful knowledge of

chemistry is attested by many physicians who have attended the courses in the technical schools, finding out too late that their early training failed to give them this necessary foundation for their professional education. In the technical schools, which receive pupils at the same ages, and for the same time (if necessary) as the colleges, each student is provided with his desk and apparatus, and is required to perform, under the supervision of the professors, a large number of experiments selected to illustrate the laws of chemical action and the properties of all the important chemical elements. When a knowledge of the elements is obtained, analysis, more advanced laboratory practice, organic chemistry, and researches of special utility for the practice of medicine, successively and in properly graduated steps, follow. We think it is no exaggeration to say that a student who has passed two or three years in this course at a school like that of the Institute, and who has not even commenced the study of medicine, could teach nine out of ten medical graduates principles of chemistry as applied to medicine of which they were either ignorant, or of whose application in their profession they had not even dreamed.

Of similar benefit to the medical student is the course of instruction in theoretical and experimental physics and mechanics given in the technical schools, by which the principles of natural philosophy, embracing light, heat, electricity, galvanism, sound, the mechanical forces, &c., are followed in their applications in determining the physical properties of solids and liquids. This knowledge, ignored by the medical profession as a body, and cultivated only by the few among them who by taste or accident are led to its pursuit, is equally neglected in the colleges. Of its great advantage to the physician the experience of almost every one in the profession will bear ample testimony.

The great attention paid to the various kinds of drawing in these schools is a very important feature, and one which is totally neglected in the college system. The skilful use of the pencil, and of water colors and India ink, with and without the use of instruments, which enables the student to acquire a method of accurately delineating objects, gives him a training of the hand and eye, which will be of great practical value to him as a physician. The ability to use artistically a piece of chalk is an accomplishment which we have often lamented was not possessed by some of our best lecturers on anatomy, physiology, surgery, and pathology.

A year or two before entering a technical school, may profitably be spent in the study of Latin, with enough of Greek to make the student familiar with the terminology and derivation of ordinary scientific words; but the course of six to eight years in studying the structure of these languages, and in becoming familiar with their literature, to the exclusion of the exact sciences and the modern languages, seems to be for the physician an inexcusable waste of time. Great stress is laid in the "New Education" on the study of French and German, as no one in this age, in any department of science, can hope to keep up with the progress of knowledge without an acquaintance with these languages. At the same time the English language is not neglected, and the pupils are constantly drilled in the structure and peculiarities of their native tongue, and are taught to express their thoughts with precision and elegance. In addition, the important study of construction and materials may be pursued to that extent that the physician may correct prevalent errors in building, warming, ventilating and lighting dwellings, prolific causes of disease and death; and may know how to arrange the sick room, and especially crowded hospitals and the homes of the poor and ignorant, with the best chance for the recovery of the patients. The principles of geology, zoölogy and physiology are also taught, rendering the student familiar with methods of study, which he is to pursue more fully in his preparation for the business of his life.

Having suffered from the inability to pursue a rational preparatory course for the medical profession, let us no longer be content to move slowly along in the old classic ruts, pursuing a round-about and tedious road, beginning anywhere and ending wherever chance decides. Here we have opened before us a new and direct avenue, beginning when the pursuit in life is determined upon—followed without useless and time-wasting incumbrances—and ending with the purpose gained, viz., the acquirement of a sound medical education. We are fast dividing into *special* practitioners, each with a favorite branch of the profession in which we aim to be *specially* skilful; let us begin at the beginning in this matter, and study *specially*, from our youth, what is to fit us for a medical practitioner.

Let us, then, confine our study of the dead languages to a year or two, and afterward, instead of wasting four more in a literary

institution, devote our time in a technical and practical school to the study of chemistry, physics, drawing, the modern languages, and such branches of natural science as will best fit us for the rational practice of medicine and surgery.

CASES OF SUDDEN DEATH.

By Edward Warren, M.D., of Newton Lower Falls.

In the 60th volume of this Journal, I gave an account of a case of sudden death, attributed to imprudent bathing, which occurred on the 17th of March, 1859. It was that cold March weather, in which the chill is rendered more penetrating by the melting of ice and snow. The boy, who had bathed with others in a pond, ran and overtook an open milk-cart, on which he rode for about two miles, talking freely to the driver, when he was seized with violent spasms of the muscles of the face, extending to the whole body, and resembling those produced by an overdose of strychnine. He was carried into a farmer's house close at hand; the usual remedies were immediately resorted to, but without any effect, and he died within an hour and a half from the commencement of the attack, the rigidity of the muscles passing off, and the whole body becoming entirely relaxed shortly before death. He was buried on the fourth day after, the body, according to a daily paper, presenting a remarkably fresh appearance, the color hovering about the lips as if life still lingered.

On the 18th of March, 1867, nearly the same day of the month, and the same hour of the day—about four in the afternoon—I was called to the same house where the former death took place, to see a young woman who had done housework in the family for some months. She was about 20 years of age, and of a rather full habit. She had gone through a severe fever at her home in New Hampshire the winter previous to this; and had been working to pay the expenses thus incurred. She had now been home upon a visit, and returned the 10th of March to Weston.

She left home very early in the morning, taking some provisions with her to eat in the cars, and rode about fifteen miles in an open sleigh to the railroad. In the cars she rode about sixty miles to Waltham, and from Waltham she was conveyed in an open sleigh to her abode in Weston, a distance of about four miles.

She arrived there in high spirits; had had a delightful visit; had paid her "Doctor's bill" and other little debts. She said she was now ready to go to work harder than ever. She took a cup of warm tea, declining to take any solid food, as she said she had taken a sufficient luncheon in the cars. She then went up into her room, the chamber of a large, old-fashioned farm house, in which there was no fire. After some time the mistress of the house, fearful of the consequences of her staying so long in a cold room, called her several times, and, receiving no answer, went up to her. She was found lying upon the floor in a state of entire insensibility. Her clothes were wet through, apparently by a copious and involuntary discharge of urine. Help was immediately summoned, and she was brought down into the warm sitting room, where, until medical assistance could arrive, hot water was applied to her feet, and the other remedies employed which had been used in the previous case.

I found her in a situation the reverse of that described in the former case. In that instance, the aspect reminded me of the effects of an irritant poison, such as strychnine, while these symptoms resembled the effects of a narcotic. She was entirely unconscious. There was complete relaxation of all parts; the face was of a natural color, perfectly calm and quiet; the pulse very perceptible and regular; her whole appearance leading me to give a very favorable prognosis. I directed mustard poultices to be applied to the bowels and feet; the temples and whole head to be rubbed with a strong solution of ammonia, and ammonia and other stimulants to be given internally. Under these applications she seemed to revive, and several times raised her head and made efforts to speak, but immediately relapsed again into a state of entire *anéantissement*. On giving her a stimulating injection, a clay-colored discharge, of natural size and consistence, was obtained.

We pursued this treatment for about five hours, keeping up the friction of the limbs for the whole time; but without any good result. At the end of that interval, her state of unconsciousness continued; the whole body was of good warmth, the respiration moderate and regular, the pulse steady. Her whole appearance was that of a person in a quiet sleep. But from this sleep it had proved impossible to rouse her, the first favorable indications having gradually ceased. To make use of any more active measures I feared would only exhaust the vital powers remaining. I directed her to be placed in a warm bed, and

kept quiet, with the feeble hope that rest and the latent power of nature might do more for her than anything else.

About two o'clock in the morning, about four hours after I had left, I was called to visit her again, respiration and pulsation having ceased. When I saw her, I found no signs of vitality, except that the body retained its natural warmth, and the flexibility of the limbs.

The condition of the body in these two cases is that which is apt to occur in sudden death by lightning or by violence. As there have been some undoubted cases of recovery after the fact of death seemed certain, it might be a question whether, in cases like the present, a physician ought not to direct the body to be kept without exclusion from the air until actual signs of decomposition appeared. But in so doing, he exposes himself to the charge either of insincerity or ignorance in a case upon which every old lady feels competent to pronounce categorically. Many years ago, the question, "What are the signs of Death?" was brought up in the Boston Society for Medical Improvement. The proposer was absent, but Dr. John Ware remarked, "there are no signs of death," and the subject dropped. There was no reply.

In the first of these two cases, the boy had remained long enough in the water to be severely chilled; and the additional exposure of riding in an open wagon completed the fatal effect. Another boy, his companion in the water, walked home, and dropped down insensible in his father's yard. He recovered.

In the case of the young woman, the lethal influence was less powerful but more protracted. The morning ride, followed by stagnation of the circulation from long sitting in the cars, prepared the system for the result. Then the subsequent ride in an open sleigh, followed by going into a cold room after the circulatory action had been aroused by warmth, completed the fatal effect. So long as a hostile influence, like that of cold, acts steadily upon the system, the vital powers are strong in resistance; but let the cause be once removed, and the system is less prepared to sustain a second shock, though much milder. A recent English lecturer warns his hearers, that on the strength of their new convictions of the necessity of fresh air, they are in danger of forgetting the fatal effects of cold, which he says kills its thousands every week in winter. This, in the comparatively mild climate of England. It sometimes kills, he says, by mere shock. It is a lethal influence which acts like an epidemic poison.

While upon the subject of sudden death, I may allude to two cases which occurred some years since, which show the difficulty that sometimes attends the prognosis.

About the year 1856, I was called in consultation one evening to a young woman of about 20, whom I had often attended. She was in a state of lethargy, from which she could not be roused. The attending physician informed me that she had applied to him in consequence of a violent pain in her face. He had given her some common remedy, I forget what, and thought no more about it until evening, when he was called to her in great haste, and found her in a state of insensibility. He had immediately given her a powerful emetic, which had operated very freely; and had then resorted to all the other methods within reach which are employed in such cases, but without any effect. I set in action an electro-magnetic machine, and kept up a pretty smart current from the spine to the extremities, alternately continuous and in shocks or jets. Her consciousness partially returned; she knew me, and was able to carry on some conversation, but sank again into perfect lethargy, and though partially aroused at times still relapsed.

After continuing the current for about four hours, in addition to other remedies, her condition appeared so unfavorable that, after consultation, we decided that her recovery was impossible, and that it would be useless to try any further measures. I left her, expecting her death to ensue in the course of the night. My surprise was great, the next morning, to hear that she had recovered her consciousness. I did not see her again during her illness, but I ascertained that on recovering sensibility she was quite blind. She was some days in recovering her strength, and after several days the blindness passed off. I always attributed the symptoms in this case to an overdose of aconite; but how or when given, was never known.

The second case did not terminate as favorably. Very early in the morning, I was called in consultation to see a young woman about 17 years old, in a state of stupor, from which she could not be roused. The attending physician informed me that she was recovering from an attack of pneumonia, and that he left, the preceding evening, two pills of a quarter of a grain of morphine each; one to be given at bedtime, the second four hours after, if the first was not successful in promoting quiet

rest. The first was successful; and on waking she appeared so much better that it was thought best to give the second. Whether from the effect of the pill, or from some unknown cause, a state of stupor came on, from which they could not rouse her. I had mustard poultices applied to the bowels and feet, the head bathed with a strong solution of ammonia, and a large dose of ipecac. administered, aiding the action of the emetic by irritating the fauces with a feather. Free vomiting was induced. She recovered consciousness, sat up in bed, and talked and laughed.

Supposing all the danger over, I recommended a cup of strong coffee to be prepared for her, to carry off the remaining effects of the opiate, and went home to breakfast. I had hardly reached home before I was summoned again in great haste. I found that the lethargy had returned. All our efforts now were ineffectual, and death speedily ensued.

GALVANISM AN ANTIDOTE IN POISONING BY GELSEMINUM SEMPERVIRENS.

By J. T. Main, M.D., Unity, Me.

Believing the yellow jessamine to be a valuable remedial agent, and one that would be much more generally used and esteemed if it were not for the unpleasant, or even dangerous symptoms sometimes following its administration in medium doses, to individuals peculiarly susceptible to its influence, I think the following facts may be of interest:—

In the summer of 1866, I took, through mistake, one drachm of fluid extract of gelseminum sempervirens, and immediately started to see a patient suffering from paralysis. The patient resided some eight miles off, and before arriving I became nearly blind. Control over the upper eyelid was almost entirely lost. The flexor muscles of the hands and arms were paralyzed, while the extensors were nearly so. Sensation in hands and arms blunted, but not in proportion to loss of motion. My speech was somewhat affected. A very disagreeable sensation of the head was felt even before the muscles came under the influence of the drug, but my mind was quite clear.

In this condition I arrived at the house of my patient, and as I was incapable of using my hands (my legs did not suffer nearly as much), I directed the nurse to apply the galvanic battery to the patient, and as she was about putting the instrument aside, I asked her to apply the poles to my hands, which she did, and I was instantly relieved. The relief received was not only instantaneous, but perfect and permanent.

I have tried the galvanic battery by way of experiment, several times since, upon those who were pretty well under the influence of gelseminum, and with like results.

SYRINGE FOR THE EAR, NOSTRIL, &c.

By J. Russell Little, M.D., Jamaica Plain.

A convenient syringe, for the ear, nostril, throat, &c., may be made on the plan of the chemist's wash-bottle, as follows:—Take a bottle of convenient size, with a wide mouth; fit with a good cork, which should be pierced with two holes on a line with each other, of a size to admit glass tubing No. 4 or 5 (this may be done with a proper cork borer, or with a brad-awl and round file).

Now take a piece of glass tubing, of size above mentioned, about five inches long, and bend it in the flame of a spirit lamp to a right angle, at about two inches from one end. Pass the short end through one of the holes in the cork. Another piece of glass tubing sufficiently long to reach from near the bottom of the bottle to one inch above the cork should now be passed through the second hole. Slip over the extremity of the latter tube a piece of rubber tubing, at the other end of which connect in the same manner a nozzle made of glass tubing drawn to a point in the flame of the lamp. The bottle being now nearly filled with fluid, and the cork and tubes adjusted air-tight, by blowing through the first tube a stream is forced through the second by the pressure of air on the surface of the fluid.

By fitting the spray tube in the place of the second an atomizer may be produced without the use of the balls and elastic tube generally used.

March 15, 1869.

HAY FEVER OR ROSE COLD.

(Continued from page 173.)

Such is the story of the disease, and it bears the stamp of truth. Thus, every year, at a certain time, she was taken with coryza and repeated sneezing; then succeeded an attack of asthma, lasting three months, with exceedingly violent paroxysms, more frequent during the night. There is no apparent family predisposition to the disease. Her father, who is still living, is not gouty. Her mother died very

young. As for herself, since her cure, she has several times suffered from pleurodynia, but can recall no other symptoms resembling rheumatism. Her son, who suffers from granular sore throat, has, during the whole summer, an obstinate coryza, more catarrhal than spasmodic, which leaves him in the autumn.

He inherited from his father a lymphatic element predisposing him to catarrh; but this catarrh returns at precisely the same epoch as the spasmodic asthma in his mother's case—a circumstance worthy of mention, since such coincidences are often an expression of some morbid hereditary influence.

When I saw this lady for the first time, in the Spring of 1861, she was thin and worn out by her long sufferings; she had had a cough all winter. The repeated summer congestion was beginning to leave its traces, and a slight degree of emphysema was detected by auscultation. It was in the Spring; I ordered a course of mineral waters at Eaux Bonnes, and toward the end of May I ordered several doses of quinine. At the usual time the malaise came on, the coryza, and soon the paroxysms of orthopnœa, distinct and periodical at first, as they always had been during several days before they became continuous. Under the influence of additional doses of quinine the symptoms ceased.

The following year I used quinine again, and the summer affection did not appear at all. Three successive years I employed the same preventive treatment with perfect success.

Seven years have passed since then; the patient has undergone the severest mental trials and physical fatigues; during entire months she has watched beside the sick beds of her husband and father, but the cure is still permanent. The last two years only, in this exhausted condition, she has contracted an acute bronchitis, accompanied by a dyspnœa, which has no connection, according to her accounts, with her old trouble, in spite of its appearance at the same epoch. A few blisters and a soothing treatment, the bromide of potash among other things, soon overcame it. Being placed this year in more favorable conditions, she enjoys good health with the exception of a heaviness in the chest, which she has not had in this season for four or five years. Should this sensation, which is quite disagreeable, become more marked, I shall repeat the quinine in the Spring. As yet, I see no necessity for it.

I will add to this case another, that of a lady who came under my care three years ago. Every Spring, towards March or April, she was taken with fever and an extremely violent coryza, which was soon followed by a dyspnœa, having all the characteristics of asthma. The paroxysms were cured, but the coryza was not affected by the quinine. The spasmodic and violent cough, the expectoration and the sneezing continued, and an explosion of these symptoms was brought on by the least chill. Every Spring the symptoms were the same. Her mother and another relative were affected in the same manner. This patient was of a lymphatic, lax, and anæmic constitution, and belonged to an arthritic family. One of her uncles is a typical case of a gouty man. After having had sick headaches and asthma in his youth, he now has violent paroxysms of gout every year. In her aunts, I have found acne rosacea, chronic eczemas, neuralgias, and hepatic colics. Arthritism, under different forms, has stamped itself upon her whole family.

Dr. Fleury, one of the first in France to mention this form of asthma, which he had observed in his own case in 1852, devotes an interesting chapter to the subject in his excellent Traité d'Hydrothérapie. Previous to its first appearance he had suffered from attacks of the gout. His mother also was gouty.

After having tried a large number of remedies without preventing or overcoming this cruel disease, which returned almost at a fixed date, in the months of May or June, he had recourse to hydrotherapy, which freed him from the paroxysm. Enlightened by his own experience, he has successfully employed the same treatment in similar cases since. Among others is the curious case of a patient subject to a constant hæmorrhoidal flux, which ceased during the paroxysms. Shower baths directed upon the pelvis and thighs brought back the hæmorrhoidal flux, while the asthma disappeared at the same time.

We can compare this last circumstance with the interruption of the menses, in our patient, during the attacks. We can also note the attacks of gout which preceded the periodical asthma in Dr. Fleury's case, and which have returned several times since the cure of the thoracic trouble.

Enough has been said upon the characteristics of the affection, but before passing to the indications, I will dwell a few moments upon its pathogeny.

The name hay fever expresses the important influence attributed to the odoriferous emanations of hay in its evolution. Is it

the pollen? is it some parasite attached to these growths? is it the anthoxanthum odoratum, the aromatic folus of the grasses which cover the fields, as Dr. Gordon thinks?

It is certain that, in some cases, the odor of the hay appears to be the exciting cause of the paroxysms. The observations of Gordon and Elliotson leave no doubt as to the fact, although the latter is wisely reserved as to the determining cause of the symptoms. He gives, among others, the remarkable case of a lady patient observed by Dr. Payser.

The father of this lady had a sudden but temporary coryza every time he crossed a grass field in flower.

She, herself, every year, towards June, experienced a sensation of heat and fulness in the eyes, accompanied by redness and watering. To these symptoms there soon succeeded an irritation of the nasal mucous membrane and sneezing; then the inflammation spread to the throat and the trachea, with a sensation of heat and itching in the situation of these organs. At this time the dyspnœa was most painful. All these symptoms disappeared towards the middle of July. This lady had no doubt of their connection with the grass in flower. On the middle of August she could walk through the fields with impunity, whilst in June and July the neighborhood of grass would cause her the most acute suffering. If, at this time, she picked a handful of grass, the integuments of her hands became red and itchy; the same symptoms would appear if she employed dry hay in packing boxes. For the purpose of escaping the vicinity of hay fields during the fatal season, she took refuge at the sea shore in the roughest countries. Here she found relief when the wind came from the sea, but was less well when the land breezes blew. One day when walking at the foot of Harwich cliffs, she was taken with a sudden and violent paroxysm, explained, in the morning, when she learned that at the very hour of her walk, they were mowing a small patch of grass upon the crest of the cliff.

At another time, in the centre of a small town, at a distance from any grass, she was seized with a sudden paroxysm, and on looking out of her window, saw men making a stack of hay brought from a distance. Another time a paroxysm was brought on by her children who entered the room after having been at play in a barn filled with hay.

I might doubt the accuracy of these facts had I not seen others which present a great analogy to them.

Three of this lady's children, adds Elliotson, inherited this infirmity; a fourth had common asthma with this peculiarity, that paroxysms were brought on by the odor of guinea-pigs. Many similar facts are found in the books, enough, in my mind, to prove the influence of emanations from hay in causing the development of asthmatic coryza in certain individuals.

But although this influence is incontestable, we can see, even in the observations cited for its support, that the affection may appear without these conditions, even in the individuals most susceptible to its effects; thus proving that it is only an exciting cause. We also find, as I was just saying, analogous conditions in the etiology of common asthma. Certain odors, certain localities always, or at least during a certain period of life, provoke the paroxysms. I have come across two asthmatics in whom the odor of flax-seed meal had this effect. One of them seems to have a special susceptibility for this ordinarily inoffensive grain. It is impossible to make a poultice in his apartments without his discovering it and being seized with an attack of asthma. There are other cases in which the odor of bean flowers, or the odor of the cat, produces the same effect. The emanations of hay are indeed much more active than many of the substances feared by certain asthmatics.

A farmer of Normandy has said to me quite lately that, during haying time, both he and his laborers suffered from violent head-aches.

This circumstance is mentioned in a great number of observations, with all the more authority as the authors have drawn no conclusions from the fact, and hence had no preconceived notions upon its etiological bearing.

Periodicity is a characteristic of many arthritic affections. A spring-time periodicity is especially peculiar to them. I have often remarked that many diseases of an arthritic origin, which are recurrent or subject to periodical exacerbations, return especially at the times in which the gout of the joints most naturally shows itself. Neuralgias, head-aches, affections of the joints have exhibited this tendency; sometimes, even, the neuralgias have, like the gout, been marked by a nocturnal increase in intensity. Thus the characters of the original type are found in its derivatives.

I make this remark incidentally, without applying it to the asthmatic coryza, which comes on in the summer rather than in the spring; still the periodicity of this coryza

places it in the same category as the arthritic affections which generally manifest themselves by regular or irregular paroxysms.

If hay fever has been more often noticed in England than in France, can this be due to the greater frequency of gout in the former country? Finally, the fact noted by all observers that hay fever is generally an affection of the richer classes, may serve as a proof of its relationship to arthritism.

Continuing the study of these analogies, which, if not enough to prove a common origin, are enough to justify a further study of the question, I find, in one of my patients, a morbid condition due to the arthritic source; i. e., an urticaria, alternating with an asthmatic coryza, the latter appearing with symptoms such as an injection, an itching and a tumefaction of the eyes which recall the cutaneous affection to which it has succeeded.

Again, Dr. Payser's patient could not touch hay without an irritation of the skin of the hands, the nature of which cannot be exactly affirmed on account of the lack of details. Still its sudden appearance and its pruriginous character gave it a singular resemblance to urticaria.

Another remarkable analogy is found in the fact that urticaria, like hay fever, is often due to exterior causes, such as the ingestion of muscles, fishes' eggs, or shell fish, and occasionally of food harmless to almost all the world, such as rice and strawberries. I have met in my practice with five persons for whom this excellent fruit was a poison, and, a curious fact, those whose diathesis I could learn, either belonged to a gouty stock, or, later in life, had attacks of gout. Behind a vast number of nervous troubles, behind a vast number of bizarre functional anomalies stamped with a nervous imprint, we find arthritism.

I know that this view will be regarded as a heresy by many physicians who reject the majority of the diatheses, saying that they have not seen them. They remind me of the tourist who drove round a lake with his face turned in the opposite direction, and said there was no water. I believe if they have not seen the diatheses it is for lack of having looked for them. As to the analogies between the urticaria and the summer asthma, I wish to draw no conclusion from them. If it be admitted, as I believe, that both are due to arthritism, their succession and the analogy in their manner of development can be understood.

In my last cases of periodical asthma, I have noticed the existence of granular sore throat. Was it a simple coincidence? Could not this sore-throat, which I have met with in other forms of asthma, intervene as a predisposing cause? It constitutes a source of irritation which might favor the determination of the morbid action to the respiratory organs. I have already spoken of the frequency of granular *pharyngitis* in children attacked by angina stridulosa, and I have given the same explanation of the rôle which it might play in the development of this affection.

The treatment should be based upon the general condition of the patient, the diathetic conditions in the midst of which the affection is developed, the functional troubles which characterized it, its progress and its localization.

If, as was the case with several of our patients, we can find, or, at least, suspect an arthritic substratum, we must order that hygiene which consists in avoiding at the same time all the causes of excessive stimulation, or of depression, sudden changes in the weather, damp cold, a lack of muscular exercise, in a word, all those functional aberrations and surrounding conditions which have such an incontestable influence over the gouty affections.

In those cases in which we can find an exciting cause, such as the emanations from hay, these causes must be avoided. The neighborhood of the sea, the fresh, pure air, often afford very marked relief.

Cold lotions, methodically applied, are among the hygienic indications of a disease, in which an over sensibility to atmospheric change appears sometimes to act as an exciting cause. They act as tonics, and the experience of all patients proves the impropriety and danger of a debilitating treatment.

Some physicians, Bostock, Payser, Elliotson, have considered some medicines of service. Lobelia inflata, the hypo-chlorides, solutions of chlorine in emanations, and in aspirations, and preparations of arsenic, have been tried, one after the other, with, it is claimed, some success.

The periodicity of the paroxysms caused me to prescribe quinine, and to it I owe the cure of the patient whose remarkable case I have given you. It seemed to me to take hold especially upon the spasmodic element and in the asthmatic form.

This is so true that in another case it checked the paroxysms of dyspnœa without affecting the catarrh. I have employed it successfully more than once in ordinary well-marked paroxysmal asthma.

When the affection returns at a fixed

period the use of quinine should be commenced seven or eight days before its expected appearance.

At the end of three years, I have been able to give up its use with one patient. In periodical diseases, whatever their nature, whether purely nervous or congestive, an interruption of the morbid habit during a certain time, sometimes suffices to put an end to it.

If the catarrhal element is well marked, and especially if it outlasts the attack, a sulphurous or arsenical treatment is indicated.

Even during the paroxysms, I should try arsenic if the quinine failed or seemed less indicated.

We should not forget to examine the pharynx and to check the granulations, if they exist.

In this case the perchloride of iron or the nitrate of silver are preferable to the tincture of iodine, on account of the action of this metalloid upon the pharyngeal and naso-ocular mucous membranes.

The diet should be as nourishing as the state of the digestive organs will permit.

Such are the therapeutical teachings which can be derived from my cases. As in the treatment of many diseases, our present knowledge is but a stepping-stone. The construction of the edifice would require more and better arranged materials.

Bibliographical Notices.

A Notice of some New Works on Skin Diseases.

1. *Lehrbuch der Hautkrankheiten.* Von Dr. Isidor Neumann, Docent an der k. k. Universität in Wien. Mit 49 Holzschnitten. Wien: 1869. Pp. 368.
2. *Archiv für Dermatologie und Syphilis.* Herausgegeben und redigirt von Dr. Heinrich Auspitz, Docent an der Universität Wien, und Dr. Filipp Josef Pick, Docent an der Universität Prag. 1. Jahrgang. Erstes Heft. Prag. 1869. Pp. 162.
3. *Annales de Dermatologie et de Syphiligraphie.* Publiées par le Docteur A. Doyon. Première Année. No. 1. Paris. 1869. Pp. 64.

The great number of books on Skin Diseases published now-a-days must astonish one whose knowledge of the literature of this branch of medicine is limited to what existed only a short time since. Not ten years ago, in fact, the only modern works on these affections at all known were the small works of Hardy and Bazin in France and the frequent editions of Wilson in England; but since the publication of the first part of Hebra, and especially within the past year or two, they have appeared with a rapidity which indicates a proportionate increase in the attention they are receiving in all parts of Europe. Journals, too, exclusively devoted to their study have been recently started in England, Italy, France and Germany. Special departments for their investigation are everywhere being established in connection with hospitals and clinics, and their treatment is universally falling more and more into the practice of men devoted to this specialty alone. In character and merit these books differ widely. Several of them are of little value, except to the authors, perhaps, as advertisements of their specialty, for they contribute nothing to our previous knowledge that is reliable; others are largely controversial, written to uphold individual theories respecting the pathology or nomenclature of this or that disease; a few are carefully prepared and valuable monographs on single affections or classes of affections; while but one or two only contain the recorded observations of master-minds in the whole field of cutaneous medicine.

The most recent of these publications are those the titles of which are above given. The first, just received through a friend in Vienna in advance of its publication there, is written by Dr. Neumann, a former assistant of Hebra, to whom the book is dedicated. As might be anticipated, therefore, its doctrines are found to be mainly those of his distinguished teacher, although published in a condensed form. It is on this account, and for two reasons, especially valuable; first, because half only of the great work of Prof. Hebra has yet appeared, and his views in relation to a large and important portion of skin diseases will remain unknown, therefore, to the profession generally for an uncertain period in the future; and, secondly, when finished it will be so comprehensive and inaccessible to general practitioners that a condensed *résumé* of his views will be greatly needed. It is chiefly in this respect that Dr. Neumann's book is useful, but not wholly so. He is the first to attempt to represent the changes in the tissues of the skin in the various diseases which affect it by figures drawn from microscopic sections, and although many of these illustrations are really more diagram than actual picture of the ap-

pearances to be seen in the field of the microscope at a single view, still they serve the purpose for which they are intended much better than any verbal description, and are undoubtedly the result of reliable observation. The normal anatomy of the skin and its appendages, too, is well illustrated by figures taken mostly from the best works on histology. The study of the structural changes of the skin in disease has been hitherto almost wholly neglected; but recently particular attention has been directed to this branch of pathology in Vienna, as the paper on Keloid, by Dr. J. C. Warren, of this city, noticed in a previous number of this JOURNAL, and a similar article on Lupus erythematosus, by Dr. Geddings, of New York, both of which are illustrated by elaborate microscopic drawings and were published in Vienna, are examples. Such illustrations are of far more value to the student than the poor and highly colored pictures of the external lesions to be found in his text-books as characteristic of skin diseases.

The book is divided into a general and a special portion. The first contains a description of the anatomy of the skin and its appendages, of the various forms of eruptions or lesions it exhibits, and chapters on diagnosis, ætiology, therapeutics, and classification. In the second or special portion, the individual affections are arranged under the twelve classes of Hebra's system and described in a simple and condensed style, but yet at sufficient length to answer the purpose of a text-book for the student and a hand-book for the practitioner. The very latest views of the many observers who have grown up under Hebra's tuition will be found here recorded, some of which, as we shall see elsewhere, differ from those of their distinguished master. The matter of treatment is handled with that regard to detail so essential to the value of this part of the subject, and which distinguishes the writings of German dermatologists from those of other nations. A very full and valuable list of recipes useful in the treatment of skin diseases is appended to the volume. There are many points in the book which deserve a special reference, but as this is a notice and not a critical review, they must be passed over.

The Archiv for Dermatology and Syphilis meets a want which has long been felt by those interested in the study and treatment of these two classes of disease; for not only does it present in a connected form all that the reader has hitherto been obliged to cull from an immense and ever-extending field of periodical literature, but it enables those who have hitherto recorded the results of their observations only at rare intervals in book form, to give them to the public without such delay, and stimulates others to publish what might otherwise never be made known. It is in no way like its English relative, a journal largely devoted to the dissemination of the views of any one man or school, or tinged through and through with editorial prejudice or egotism, but a fair and dignified channel, free to all who may justly claim to speak through it. Its value and success are assured by the character of its editors and the distinguished names associated with them as co-operators—among them Anderson, Bazin, Biesiadecki, Boeck, Hallier, Hebra, Köbner, Kohn, Landois, Mosler, Neumann, Reder, Sigmund, Wertheim, and Zeissl.

The promise which such names offer is fully sustained by the contents of the first number. As an introduction, we have a modest preface by the Editors, and a communication from Prof. Sigmund upon the necessity of special clinical departments for the study of venereal and skin diseases. The first regular article is from Prof. Hebra, upon the use of rubber cloth in the treatment of skin diseases, and of which a translation will appear in a future number of the JOURNAL.

Dr. Köbner, of Breslau, follows with a communication on parasitic Sycosis, the existence of which, as is known, is denied by Hebra and other authorities. It seems to me beyond question that there are two distinct affections of the beard, closely resembling each other, one of which is an idiopathic inflammation of the hair follicles, while in the other the same pathological condition is caused by the presence and growth of a fungus, and we cannot forbear expressing a critical opinion in this connection. I do not agree with Dr. Köbner in regarding this fungus as identical with that of Herpes tonsurans or ringworm, the Tricophyton tonsurans. I have often seen the rings of H. circinatus extend from the face into the beard, and there remain for many months, causing the destruction of the hairs, but never under such circumstances produce any of the peculiar and characteristic appearances of sycosis, and it seems highly improbable that the trichophyton, which always gives rise to a constant series of effects upon the scalp, as H. tonsurans, and as undeviating a succession of appearances upon the skin as H. circinatus, should upon the beard at one time

cause one peculiar set of symptoms, and at another time others entirely unlike them.

The next article is on Lupus erythematosus, by Kohn, in which the treatment of this disease is very fully discussed, and the action of caustics upon the skin considered at length. The surprising action of mercurial plaster in this affection, accidentally discovered by the writer, is for the first time announced; cases which had resisted treatment in Hebra's wards for years yielding to its use in from six to twelve weeks.

Prof. Hallier, of Jena, furnishes a long communication on the vegetable parasites of the human body, in which his peculiar views with regard to the nature and importance of these now much-talked-of growths are given, but differing in no way from those contained in his former writings on the same subject, which have been noticed to some extent in this Journal (October 1, 1868).

Dr. Zeissl contributes a short article on the so-called subcutaneous condyloma, which, according to him, is a monstrous hypertrophy of the cellular portion of the follicle.

The last of the original articles, on Eczema marginatum, by one of the editors, Dr. Pick, is important, as it must be looked upon as definitely settling a question about which there has been much difference of opinion. This affection was first described by Hebra as a peculiar variety of eczema, characterized by its localization upon the inner surface of the thighs, buttocks and lower abdomen, by its slow peripheral extension outwards while healing in the centre, the well-defined and elevated margin which marks its limits, and by the discoloration it leaves behind in its course. Some striking pictures of it will be found in Hebra's plates. In 1864 Köbner announced the discovery of a parasitic fungus in this elevated border, and his opinion that this plant was the cause of the disease. This Hebra stoutly denied, but since then experiments and investigations carried on by the former and Pick, the results of which are here given, show conclusively that E. marginatum is really a parasitic affection of the skin, caused by the presence of Tricophyton tonsurans, or, in other words, that it is only a variety of Herpes tonsurans, the peculiar appearances of which depend chiefly upon its seat, and are those of "a Herpes tonsurans vesiculosus combined with those of an eczema intertrigo."

The second part of the volume contains an exhaustive and carefully prepared notice of all recent articles in any way connected with dermatology and syphilis, arranged under appropriate divisions, and is of very great value. The whole deserves the highest praise.

The French Journal, the *Annales*, also presents upon its title-page a long list of collaborators, among whom may be mentioned the following well-known writers on these closely united branches, dermatology and syphilis, to which it will be devoted: Bassereau, Bazin, Clerc, Devergie, Diday, Hardy, Hebra, Lancereau, Lee, Ricord, Rodet, and Rollet. With such resources at command, which, as will be seen, are the most eminent that France possesses in these departments of medicine, it can hardly fail to accomplish all that the editor promises in his preface. It is especially in syphilography, however, that we may expect, as the above list suggests, most that is novel and valuable, for it is among these observers that the widely diverse modern theories with regard to syphilis are mostly agitated. A mention of the contents of the first number will show how largely this feature will characterize the journal, and indeed, considering the state of dermatology in France at present, we could hardly expect a predominance in the other direction.

We have first a contribution to the study of Blenorrhagic Rheumatism, by Fournier, in which he maintains that the urethral lesion is the essential, efficient cause of the affection, that "it is the blenorrhagia which causes blenorrhagic rheumatism."

Then follows the first part of an article by Diday on the employment of ice in certain affections of the testicular apparatus. He finds it serviceable first, in the orchitis sometimes complicated by blenorrhagic epididymitis; second, in testicular neuralgia, (irritable testis); and third, in certain obscure states in which pain constitutes the predominant feature.

Rollet contributes the first of a very important series of papers on the venereal and syphilitic affections of the uterus; and Guibout a communication on Diatheses in skin diseases in a therapeutical point of view.

The bibliography of this number consists of a long review of Jeannel's recent work on prostitution in the great cities of the nineteenth century, and the extinction of venereal diseases. It closes with a review of matters pertaining to its specialty contained in contemporary journals.

The *Annales* will be published every two months.

JAMES C. WHITE.

March 29, 1869.

Medical and Surgical Journal.

Boston: Thursday, April 15, 1869.

NOTES FROM L'UNION MEDICALE.

Trephining.—M. Chassaignac considers this operation indicated in only two conditions: 1, when there is a lesion situated in a definite spot, the seat of which lesion is fully ascertained, and the effects of which may be suppressed by trephining; 2, when there are symptoms of general compression, with dilated pupils, which symptoms are tending infallibly to produce death.

Discharge of Blood and Serum from the Ear as a Sign of Fracture of the Base of the Cranium.—A child five or six years old fell from a third story window, and was carried to the Hospital *Sainte Eugénie*, apparently in a dying state. He lost so much blood from the right ear that, on his first day in the hospital, several folds of linen were completely soaked with it. M. Marjolin diagnosticated, at the upper part of the cranium, a transverse depression, and found all the signs of fracture with depression. Revulsives and purgatives were employed, but no operation was done. The flow of blood continued in diminished quantity for three or four days, at the expiration of which it was replaced by a discharge of serous fluid, which went on for about twenty-four hours. When the serous discharge ceased paralysis of the left side suddenly set in. Treatment same as before. After a few days the paralysis subsided, the child completely regained its intelligence, and was beginning to walk about. Then, an endemic of croup broke out in the hospital, and the little patient died of that disease. At the autopsy, the only fracture found was a transverse one of the crown of the head. This was accompanied with depression of the fragments into the cerebral substance. Three or four convolutions were destroyed. The fracture did not appear to continue towards the base of the cranium, and no trace of fracture of the temporal bone (*rocher*) was discovered. The superior longitudinal sinus had not been opened by the fracture. There was no effusion of blood between the dura mater and the upper part of the skull; but traces were evident of a vast discharge of blood between the two layers of the arachnoid.

During the discussion which followed the relation of this case (at the *Société Impériale de Chirurgie*), M. Trélat referred to the cases reported by MM. Ferry, Prescott Hewitt, and Morvan, in which bloody serum flowed from the ear without there being fracture of the base of the cranium. The lesion was either of the inferior wall of the auditory canal, or of the tympanum, or in the bones of the internal ear, the cavity of the cranium not being opened into. To authorize the inference that a flow of serosity from the ear has its source in the cavity of the [cranium, it is requisite, according to M. Trélat, that: 1, this flow be not sudden, but that it follow—after a few days' interval—a discharge of blood; 2, that it be of some considerable duration; 3, that the fluid have the chemical characters and the peculiar reaction of the cephalo-rachidian liquid. Under these conditions a flow of serosity from the ear, said M. Trélat, is a veritable pathognomonic characteristic of fracture of the base of the cranium, while a simple flow of blood, not followed by a discharge of serosity, is not a pathognomonic sign.

Fibrous Tumors complicating Pregnancy. Cases related at the Imperial Surgical Society, Paris, February, 1869.—A woman was taken in labor at full time, at Argenteuil, Nov. 30, 1856. The midwife in attendance could not make out the presentation, although the parts were well dilated and the membranes ruptured. Soon a hand of the fœtus appeared at the vulva. A physician was immediately called, who tried in vain to turn the child. Another also failed. Thereupon it was determined to send her to Paris, and on the evening of December 1st she was admitted into the Hospital (*des Cliniques*). She was in an alarming condition, and Prof. P. Dubois was summoned at once. The infant was dead. The cord hung from the vulva, as also the hand and fore-arm of the child. Prof. Dubois at first thought that there was a considerable contraction of the pelvis. At this moment abdominal palpation gave no evidence of uterine tumor. The patient

having been etherized, Prof. Dubois and M. Blot (chef de clinique) made two unsuccessful attempts at version. The next day, after a bath and venesection, renewed attempts were made without success. At length, at the request of Prof. Dubois, M. Depaul, who was in attendance also, succeeded in bringing down a foot to the vulva. By drawing upon this foot, delivery was effected, though with the greatest difficulty. The head of the child was much flattened. At the moment of the passage of the head, M. Blot felt it make a sudden bound, as though it had passed a notable obstruction. The patient died the next day, after a chill, intense fever, and green vomiting.

Autopsy showed on the surface of the uterus and in the thickness of its tissue the existence of many tumors, one of which, having a pedicle two or three inches long, was retained in the pelvic cavity by extremely firm fibro-cellular bands. Thus the pelvic cavity was reduced to a third of its ordinary capacity, and hence the death of the child and mother.

Two other cases, under the observation of M. Blot, had a different termination.

December, 1867, Messrs. Blot and Pajot were called in consultation by M. Hugnier to a woman, aged 30 to 35 years, who had reached the seventh month of her first pregnancy. She had about a dozen fibrous tumors which could be felt through the abdominal parietes. One of these completely filled the pelvic cavity, and was so wedged therein that it could not be moved. The neck of the uterus was completely flattened out between this tumor and the symphysis pubis.

It was decided in consultation not to induce premature labor, but to await the usual changes incident to pregnancy. Three weeks later the tumor, following the natural ascent of the uterus, had risen from the pelvic cavity so as to allow a small portion of the head of the fœtus to be made out by digital examination. The consultants decided to wait still longer.

Labor occurred Feb. 28th, 1868, the head of the fœtus having, in the meantime, gradually become more accessible. As labor advanced the uterine contractions withdrew the tumor more and more from the pelvis, and, on the rupture of the membranes, the head engaged in the superior strait, from which position at 9, A.M., M. Blot readily terminated the labor by forceps. Mother and child did well.

Last July M. Blot was called in consultation to a woman aged 35 years, for inflammation in the region of the uterus. She was two or three months pregnant, and was found to have a fibrous tumor filling the pelvic cavity and flattening the neck of the uterus against the symphysis pubis.

The inflammation having passed off, the pregnancy took the normal course. M. Homelle, the attendant, subsequently informed him that labor terminated naturally. The tumor rose above the superior strait, as in the previous case and by the same influences, and permitted the extraction of a living and healthy child.

The first case, unlike the last two, terminated fatally in consequence of fibrous adhesions preventing the ascent of the tumor.

M. Blot thinks that such tumors increase in size during pregnancy, and diminish after labor. In the case under his observation, the tumors had decreased about one-third.

In conclusion, according to his experience, no general rules can be given for management of fibrous tumor of the uterus complicating pregnancy. In a good proportion of cases labor may not be attended with very great difficulties, but when adhesions exist the child cannot be born alive, and the mother may succumb. Unfortunately, this last grievous complication cannot be made out beforehand.

At a subsequent meeting of the Society, the cause of the increase and diminution of such tumors was discussed, M. Guéniot maintaining, against others, that it had not been scientifically demonstrated that pregnancy was the active cause of either. He related a case in which six months after delivery there was not the least change in position, volume, or consistence of the tumor.

Prof. Brown-Séquard communicated to the Academy two facts which he had observed in connection with lesion of the *corpora restiformia* in guinea-pigs. The first was

the production of hæmorrhage seated uniformly under the skin of the ear. This form of hæmorrhage had never been before pointed out. The only sanguinary effusions produced by lesions of the nervous system which had been observed, were that into the kidney in diseases of the spinal marrow, and hæmorrhage of the intestine in lesions of the brain. Another not less remarkable result of lesion of the restiform bodies was the production of dry gangrene of the ear. Even when the injury of the corpus restiform was produced on one side only, the gangrene may show itself upon both ears; but more often it is on the same side with the wounded restiform body.

Another fact was alluded to by Prof. Brown-Séquard—that section of the sciatic nerve induces epilepsy when the face is irritated at a certain point, just as occurs after lesion of the spinal marrow. On this point M. Colin stated that he had often divided the lesser sciatic nerve of a horse, and had produced nothing but halting. The Professor replied that everybody had seen animals with the sciatic nerve cut, and which were not epileptic for all that. But, what had not been hitherto known was that by irritating certain parts of the face when the nerve had been divided, attacks of epilepsy had been provoked.

The Siamese Twins.—The *Gazette Hebdomadaire* has an article on the Siamese twins. We discover nothing in it additional to what has appeared in American and English journals. One fact, however, from the English investigations of the twins, had escaped our notice. Under the sphygmograph the pulse of Eng, who is the larger and the more robust, gave a more powerful impulse than that of Chang, whose arterial system is said to furnish evidence of organic senility. The Gazette says one of the brothers appears "called to" an existence of longer duration than the other; and that the day may come when will arise, for the first time, the question of detaching a living man from a corpse.

Dr. Amory kindly furnishes the following information with reference to ether in membranous croup:—

Mr. Editor,—While studying in Paris, two years ago, I was informed by M. Roger's *Interne*, with whom I was going through the "Hôpital des Enfans Malades," that the operation of tracheotomy for membranous croup was there *never* performed with the administration of ether. As a reason for this, it was stated that oxidation of the blood was prevented from a deficiency in the supply of air to the lungs, thus producing analgesia.

I have seen the operation there performed as often as six times, and always without the use of any anæsthetic. In these cases the children offered no resistance and seemed to suffer no pain. None of them died during, or for several hours after, the operation Of these six cases four entirely recovered, and in the other two the operation was merely undertaken to mitigate the suffering of the little patients, and with little expectation of their recovery, there being mucous râles in one or both lungs before the operation. Membranous croup was very prevalent during that winter, and I saw some other cases terminate fatally which had been operated upon, though I was not present during the operations.

I mention this, as I know that in this part of the country it is the custom to etherize the patient before tracheotomy is performed. While a medical student, I assisted in one operation and just missed seeing another, in which the patient died *before* the operation was concluded; in the former case, I strongly suspected at the time that suffocation from the ether, and not the operation, was the cause of death, though much care was exercised in the administration of the anæsthetic.

I desire to call the attention of the profession to this, and should like to see in your Journal an account of the experience of surgeons who have *not* used ether in this operation; as I have never seen any allusion in medical books or journals to the analgesia caused by membranous croup. If this is a fact, much time and exhaustion from struggling against the ether may be saved to the patient. R. A.

Luxation of the Hip in a Young Boy.—At the monthly meeting of the Suffolk District Medical Society, March 27th, Dr. Tuck related a case of dislocation of the right hip upon the dorsum ilii, occurring in a healthy boy 6½ years of age. He was playing "horse" and fell, his companion falling upon him. The usual shortening of the limb and turning in of the toes were present. The head of the femur could be

plainly felt upon the dorsum ilii. Ether was given, and reduction was easily effected by manipulation; the thigh being first flexed upon the body, then rotated upwards and outwards, and finally extended, when the head of the bone slipped into place with a sharp snap.

This accident is noteworthy from the rarity of its occurrence in children. In fifty-one (51) cases of hip dislocation reported by Malgaigne,* in only one was the patient under fifteen, and Hamilton† has collected only seven (7) instances occurring at seven (7) or under, out of eighty-four (84) cases.

[In the edition of 1863, nine (9) such cases are given by Hamilton.—D. F. L.]

Extracts from an account of an Operation for the Radical Cure of Hernia. By J. Fayrer, M.D., F.R.S.E., &c.—The method of performing the operation is simple, but it requires some care and confidence for its effective completion. The fore-finger of the left hand, oiled, is inserted into the inguinal canal, and the scrotum invaginated is pushed before it up to the internal ring with firm and decided pressure. One ligature, strong and well-waxed, is then threaded in the needle, the point of which is insinuated along the palmar aspect of the finger on its radial side, until it has reached the extreme apex of the invagination; it is then forced through the abdominal parietes, and appears on a line with the anterior superior spine of the ilium; about 1½ or 2 inches internal to it. The needle is then unthreaded and withdrawn, to be threaded with the second ligature, and again introduced, this time on the other side of the finger to be pushed through the abdominal wall as before; this time transfixing a short distance from the point where it first pierced, but emerging through the same opening in the integument.

The needle is again unthreaded and withdrawn. The plug is now pulled into the canal, the apex being firmly tied against the apex of the invagination, and the threads firmly knotted over the small piece of wood. The operation is thus completed.

The plug is left *in situ* for three or four days or more, until pus appears to flow freely from beside the ligatures. These are then cut and the plug withdrawn. The discharge is gently pressed out, a pad and spica bandage are applied, and the patient is kept in bed and cautioned not to strain at stool for some days; as soon as the wounds have cicatrized, a truss may be applied, which should be worn for some months, especially when any exertion is made; it may gradually be left off when the tissues have become firmly consolidated. The time occupied in treatment varies from a month to six weeks in ordinary cases; if there be much suppuration, and that have burrowed among the abdominal muscles, there may be delay, and counter-openings may be necessary, but such cases are the exception. The only one was that of a native who was attacked with erysipelas and died of pyæmia, the result of cellulitis. . . .

There was thus a total of 67 cases, of which 46 were apparently successful; 9 were relieved; 11 failed altogether, and 1 died.—*Medical Times and Gazette.*

* Holmes's Surgery, vol. ii.
† Page 621, Edition of 1860.

A reviewer, speaking of Dr. Murchison's views of the functions of the liver, &c., says:— . . .

At present we are very much in the following position. We do not know whence the glycocholic and taurocholic acids come, nor whither they go, beyond having a vague idea that they are useful in the absorption of fat; we do not know the origin of the so-called glycogen; and we only know that, normally, glucose is destroyed in passing through the lungs. As to the bilirubin and biliverdin-coloring matters, we have some idea that they are derivatives of cruorin, and that they are partly reabsorbed and partly expelled, in a changed form, along with the fæces. This is certainly very little, but we fear it is only too just an exposition of the exact state of our knowledge as to the bile and its functions. . . .

As to the diagnosis of the cause of jaundice, Dr. Murchison also opposes Dr. Harley's doctrine that in jaundice from obstruction the bile acids appear in the urine, but not when the jaundice arises from suppression. He also rejects Dr. Harley's mode of testing for bile acids, inasmuch as it affords no means of separating the reactions of the urinary pigments from those of the bile acids.

The subsequent chapters on fluid in the peritoneum and on pain in the liver are also highly interesting, especially the latter. His remarks on the removal of gall-stones are, we think, sound and practical. He advises alkalies as most likely to do good. Such also is our opinion, but, in common with our author, we also hold that hygienic conditions must be carefully attended to. The great cause of gall-stones is sluggish bowels, and the great cause of sluggish bowels is indolent habits, still more if associated with high living. Of no malady can it be more aptly said that prevention is better than cure.—*Ibid.*

Medical Miscellany.

At a meeting of the Obstetrical Society of London, March 3d, 1869, Dr. Brunton read a paper on Twin Pregnancies, detailing seventeen cases of twins observed in his own practice, and nine cases obtained from friends. Of these cases, sixteen had children of the same sex (males or females), with two amniotic sacs. Nine had children of opposite sexes (a male and a female) in one sac; and in one case there were two sacs, and one male and one female child. The conclusion at which he arrived was that, if a male ovum came down from each ovary at one and the same time, conception taking place, we had here an explanation of the existence of twin males, and so for female ova. But if two ova came down from the same ovary, conception taking place, we had twins of opposite sexes (male and female), and this pointed to the function of the ovary—viz., that probably the ova cast off from each ovarium are alternately male and female—in other words, each ovary casts off at one and the same time a male, or each a female ovum. In no case were the twins of the same sex in one bag of membranes.

Dr. Playfair remarked that Dr. Brunton had overlooked the cases of conjoined twins, which were never of different sexes, and yet must have had but one sac.

Dr. Brunton replied that he could not see that this fact disproved his theory. His observations were of natural cases. Moreover, in the cases of conjoined twin-monsters, there might have been a coalescence of the ova (males or females) from each ovary, producing a double monster of the same sex.—*Medical Times and Gazette.*

Carbolic Acid.—We think it necessary to put our readers on their guard against an incautious use of carbolic acid. It seems to be forgotten sometimes that this substance exercises a powerfully destructive action upon animal tissues, and that it is, in fact, a very strong caustic when concentrated. There is no doubt that many serious accidents have recently occurred from Surgeons not being aware of the properties of the remedy they use so freely. It must also be remembered that the direct application of carbolic acid, even in a diluted form, to a granulating surface, will often delay cicatrization, and tend to promote suppuration, whereas, if it is employed at a distance from the wound, it will tend to diminish the formation of pus. There is, moreover, a good deal of evidence to show that it tends to stimulate the circulation through the smaller vessels, and thus gives rise to hæmorrhagic oozing, from recently cut surfaces, preventing their primary adhesion. If, however, it be properly applied in a diluted form to the wound itself, and in some permanent and non-volatile form to the external parts, it will be found to have a powerful influence in retarding and diminishing suppuration.—*Ibid.*

It was intended that the quotation in our last issue credited to Dr. Harrop should follow immediately after the remarks of the Editor of the *American Journal of Pharmacy*, but by some accident a dislocation took place.

Harvard to the Rescue!—That young man who edits *The College Courant* (Yale) must be looked after. Hear him!

"An exchange speaks of President Eliot, of Harvard, as a representative of 'muscular Christianity,' and one who will bring her up to the front rank and infuse something of the spirit of modern life into her veins. The editor speaks as a son of Harvard, and from the tenor of his words we should infer that Harvard had heretofore not been in the front rank. We always considered Harvard not to be far behind any American College."

That is to say (our younger brother in the Editorial line intimates), he didn't know *before* that Harvard was so far *behind!*

The Difference.—Science may properly take cognizance of *sexual precocity*; but it is another thing for parents to seek to make money by exhibiting to the public indiscriminately the extraordinary mammary development of a three-year-old child.

Thirty-four students received the degree of M.D. at the Chicago Medical College the 23d of March. Two *ad eundem* and four honorary degrees were also conferred.

MEDICAL DIARY OF THE WEEK.

Monday, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
Tuesday, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9–11, A.M., Massachusetts Eye and Ear Infirmary.
Wednesday, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., Operations.
Thursday, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.
Friday, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., Operations. 9 to 11, A.M., Boston Dispensary.
Saturday, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., Operations.

To Correspondents.—The following communications have been received:—Paralysis of the Motor Nerves of the Eye—Physiological and Therapeutical Uses of Ergot.

Pamphlets Received.—New York State Inebriate Asylum Superintendent's Report, 1868.—Valedictory Address to the Graduating Class of the School of Medicine of the University of Maryland. By S. T. Wallis, Esq.—On the Treatment of Paralysis by Electrization, with an Explanation of a new Galvanic Apparatus. By A. D. Rockwell, M.D., New York.

Deaths in Boston for the week ending Saturday noon, April 10, 104. Males, 51—Females, 53.—Abscess, 1—accident, 3—apoplexy, 1—asthma, 1—disease of the bladder, 1—disease of the brain, 4—bronchitis, 8—burns, 1—cancer, 2—cancrum oris, 1—consumption, 18—convulsions, 1—diarrhœa, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 4—dysentery, 1—scarlet fever, 10—typhoid fever, 2—disease of the heart, 4—infantile disease, 1—influenza, 1—disease of the kidneys, 4—locomotor ataxia, 1—inflammation of the lungs, 8—marasmus, 2—old age, 2—paralysis, 1—premature birth, 1—pyæmia, 1—rheumatism, 1—scrofula, 1—disease of the spine, 1—tonsillitis, 2—ulceration of the legs, 1—unknown, 8—whooping cough, 1.

Under 5 years of age, 33—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 69—Ireland, 30—other places, 4.